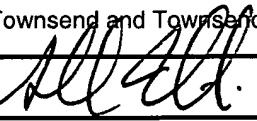
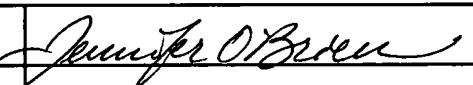


JFW

OPI TRANSMITTAL FORM		Application Number 10/615,416
NOV 02 2005 (to be used for all correspondence after initial filing)		Filing Date July 7, 2003
		First Named Inventor Wishart, David Scott
		Art Unit 1631
		Examiner Name MAHATAN, CHANNING
Patent or Trademark Number of Pages in This Submission		Attorney Docket Number 080586-000100US

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> PTO Form SB/08A and SB/08B		
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Copy of 1 cited reference		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm-Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Ardeshir Tabibi		
Date	10/31/05	Reg. No.	48,750

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Jennifer O'Brien	Date	10-31-05

<p style="text-align: center;">Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEES TRANSMITTAL</p> <p>NOV 02 2005 For FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>TOTAL AMOUNT OF PAYMENT (\$ 180)</p>		<p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/615,416</td> </tr> <tr> <td>Filing Date</td> <td>July 7, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Wishart, David Scott</td> </tr> <tr> <td>Examiner Name</td> <td>MAHATAN, CHANNING</td> </tr> <tr> <td>Art Unit</td> <td>1631</td> </tr> <tr> <td>Attorney Docket No.</td> <td>080586-000100US</td> </tr> </table>		Application Number	10/615,416	Filing Date	July 7, 2003	First Named Inventor	Wishart, David Scott	Examiner Name	MAHATAN, CHANNING	Art Unit	1631	Attorney Docket No.	080586-000100US
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Examiner Name	MAHATAN, CHANNING														
Art Unit	1631														
Attorney Docket No.	080586-000100US														

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>		<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
-20 or HP =	x	=		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

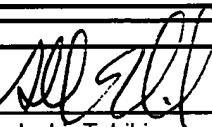
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of Information Disclosure Stmt 180

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 48,750	Telephone 650-326-2400
Name (Print/Type)	Ardesir Tabibi		Date October 28, 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

DAVID SCOTT WISHART et al.

Application No.: 10/615,416

Filed: July 7, 2003

For: AUTOMATIC IDENTIFICATION OF
COMPOUNDS IN A SAMPLE MIXTURE
BY MEANS OF NMR SPECTROSCOPY

Examiner: MAHATAN, CHANNING

Art Unit: 1631

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37 CFR
§1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. A copy of the reference is enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Commissioner is authorized to deduct the fee amount of \$180 for submission of this statement from the Deposit Account No. 20-1430 in accordance with the enclosed Fee Transmittal.

Respectfully submitted,

Ardeshir Tabibi
Reg. No. 48,750

11/03/2005 EAREGAY1 00000025 201430 10615416

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TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 650-326-2400
Fax: 650-326-2422
AT:rlj
60623048 v1

Substitute for form 1449A&B/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

1

of

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Complete if Known

<i>Application Number</i>	10/615,416
<i>Filing Date</i>	July 7, 2003
<i>First Named Inventor</i>	Wishart, David Scott
<i>Art Unit</i>	1631
<i>Examiner Name</i>	Mahatan, Channing

Attorney Docket Number 080586-000100US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
		Number	Kind Code ² (if known)		

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
		Country Code ³	Number ⁴ Kind Code ⁴ (if known)		
1	GB	2410559	B	09-28-2005	Wong

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T ²

Examiner Signature	Date Considered
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.